

## Texas Department of Criminal Justice



STEP 1

OFFENDER  
GRIEVANCE FORM

S.gym 120

Offender Name: James D. Williams TDCJ # 2168331Unit: Beto Housing Assignment: S.gym 199Unit where incident occurred: Beto

OFFICE USE ONLY

Grievance #: 2024130569Date Received: JUL 23 2024Date Due: 9-6-24Grievance Code: 603Investigator ID #: 2972

Extension Date: \_\_\_\_\_

Date Retd to Offender: AUG 06 2024

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Ms. Gorter, Med. Practice Manager When? 7-20-24

What was their response? got no response

What action was taken? I was denied my medical supplies for 7-23-24

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On 7-18-24 I was seen by provider D. Prince in an office visit at which time he restored all my medical supplies to the types and amounts of the way they were prior to my transfer to this unit from Telford. When I got to this unit the medical supply clerk told provider Onwuchekwa that she refused to give all those amounts and types of supplies to me and that she would give me what everyone else gets even though my diagnosis is not the same as everyone else's. She don't understand this because she has absolutely no medical training at all. So now that Prince restored all my medical supplies to the way Freeworld and UTMB records ordered for the last 7 years, The Medical supply clerk Tucker has again Retaliated against me and out of pure cruel & unusual hatred, refused to give me any supplies at all or even send me a lay-in for medical supply day which is 7-23-24. I have now gone from 6-3-24 to 7-23-24 with virtually no supplies and I am in severe pain and can barely walk to the medical department for D.O.T. meds or to the chow hall to get food 3 times per day. I have to go to the medical department twice per day for D.O.T. and the pill window 1 time per day where I stand in line up to an hour. Now, I also am not able to use my CPAP/BiPAP machine

which is a life or death breathing devise because Tucker, the medical supply clerk has also refused to give me my bi weekly gallon of distilled water which has to be used in my breathing machine - CPAP. I can't use tap water because it will ruin the machine and leave it destroyed and Tucker very well knows this. She is and has been retaliating against me since I came to this unit on 5-24-24. She is very hateful and childish. She has no business in her job position. Tucker is showing Deliberate Indifference towards me and is named in my suit.

Action Requested to resolve your Complaint:

Give me all the supplies prescribed by provider Prince on 7-18-24 immediately. I'm in severe pain

Offender Signature: James Williams #2168331

Date: 7-23-24

Grievance Response:

Reviewing your chart, your supplies were updated by provider on 7/24/24. The supply personnel issues out what is ordered by provider. You initialed an acknowledgement form on 6/13/24, when you were issued your CPAP machine, that you agreed to the terms of 1 gallon of distilled water should be issued every two (2) weeks to be used ONLY in the humidifier and to clean it with soap and water. Your biweekly supply is 1-gallon distilled water every 2 weeks. You had CPAP water given to you on 7/9/24 & 7/12/24. All other supplies were given to you on 7/9/24. It is up to you to ensure that you keep enough water in your CPAP for your health reasons. This grievance is unsubstantiated.

Signature Authority: John B. Smith CM

Date: 7/29/24

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because:

\*Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \*
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance #
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

1. I am not a medical professional.

2. No medical or health related education.

3. No medical related training.

<b>OFFICE USE ONLY</b>	
Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>2<sup>nd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>3<sup>rd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____



## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORMOffender Name: James Williams TDCJ #2168331Unit: Beto Housing Assignment: S. Gym #120Unit where incident occurred: Beto

## OFFICE USE ONLY

Grievance #: 2024130569

AUG 08 2024

UGI Recd Date: \_\_\_\_\_

HQ Recd Date: AUG 26 2024Date Due: 9-22-24Grievance Code: 603Investigator ID#: 10352

Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

This is a response to step-1, # 2024130569 has to say. And I stand firm on my complaint and none of what medical says in step-1 is in the least bit true and this response in step-1 is a cover-up and none of what was said in the response to step-1 can be proven in any way, shape or form. Because the whole response is a lie.

And it's a well known fact on the cell blocks where the inmate porters live and ~~bragg~~ brag about the fact that Ms S. Tucker has been having sex with at least 2 of the medical porters of the Beto Unit Medical Department. The woman/child is out of control. I have been told by one of the porters whose name I don't know, in the form of a threat that I best not say anything or he would do something to my ass. I am more than willing to take a polygraph test on this and what I know.

Offender Signature: Jessica Williams #2168331 Date: 8-7-24  
Grievance Response:

In your Step 1 medical grievance, you stated you are not receiving the medical supplies as ordered on 07/18/2024. You are requesting to be issued your supplies as ordered.

Review of the health record supports the response at Step 1 as the documentation substantiates that response. As stated in the response, your gallon of water was changed from weekly to every two (2) weeks. The documentation shows you have been afforded access to the appropriate medical supplies as ordered.

There is no further action warranted for this issue through the appellate review as this issue has been appropriately addressed at the unit level. You are advised to submit a Sick Call Request if you feel your condition has changed to warrant further evaluation.

STEP II MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION

08/28/2024

Date: \_\_\_\_\_

Signature Authority: \_\_\_\_\_

Returned because: \**Resubmit this form when corrections are made.*

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.\*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments.\*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

OFFICE USE ONLY	
Initial Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
2 <sup>nd</sup> Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
3 <sup>rd</sup> Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	